



2018 Medicare Advantage Plans Jefferson



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Aetna Medicare Freedom Plan	Advantra (HMO)	Blue Advantage (HMO)	Humana Gold Plus (HMO)
	855-338-7027	855-338-9551	800-363-9152	800-833-2364
Contract ID	H5521-178	H3928-001	H6453-002	H1951-047
Organization Name	Aetna Medicare	Coventry Health Care	HMO Louisiana	Humana Health Benefit Plan of Louisiana Inc.
Type of Medicare Plan	Local PPO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$0	\$0	\$0
Health Plan Deductible	\$50	\$0	\$0	\$0
PCP Co-Pay	\$5 / \$40	\$5	\$0	\$0
Specialist Co-Pay	\$40	\$30	\$40	\$45
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$75 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$300	\$250	\$245	\$265 or 20%
Skilled Nursing	\$0 per day (days 1-20) \$145 per day (days 21-100)	\$0 per day (days 1-20) \$125 per day (days 21-100)	\$0 per day (days 1-20) \$160 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$195 per day (days 1-7) \$0 per day (days 8-90)	\$140 per day (days 1-6) \$0 per day (days 7-90)	\$125 per day (days 1-10) \$0 per day (days 11-90) \$125 per day (days 91-100) \$0 per day (days 101 & beyond)	\$85 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	\$50	\$0	\$0	\$400
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20% 40%	20%	20%	20%
Out-of-Pocket Maximum	\$5,900 / \$10,000	\$6,700	\$6,700	\$6,700



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	Humana Total Care Advantage
	800-833-2365	800-833-2366	800-833-2364	800-833-2364
Contract ID	R0110-001	R0110-002	R0110-003	H1951-038
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Health Benefit Plan of Louisiana Inc
Type of Medicare Plan	Regional PPO*	Regional PPO	Regional PPO	Local HMO
Monthly Consolidated Premium	\$0	\$53	\$87	\$0
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$0
PCP Co-Pay	\$10 / \$35	\$15 / 30%	\$15	\$0
Specialist Co-Pay	\$35 / \$50	\$50 / 30%	\$50 \$40-\$60	\$40
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$265 or 20%	\$265 or 20%	\$265 or 20%	\$265 or 20%
Skilled Nursing	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$195 per day (days 1-6) \$0 per day (days 7-90) \$0 per day (days 91 & beyond)	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$85 per day (days 1-10) \$0 per day (days 11-90)
Annual Drug Deductible	No drug coverage	\$300	\$400	\$300
Additional Coverage in the Gap	No drug coverage	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20% / 30%	20% / 30%	20% 17%-20%	20%
Out-of-Pocket Maximum	\$6,700 / \$10,000	\$6,700 / \$10,000	\$6,700 / \$10,000	\$6,700



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Medicare Advantage Plans	AARP MedicareComplete Plan 1	AARP MedicareComplete Plan 2	AAA4 Vantage Traditional Plus	AAA0 Vantage Standard
	800-555-5757	800-555-5757	866-704-0109	866-704-0109
Contract ID	H4089-001	H4089-002	H5576-008	H5576-017
Organization Name	United Healthcare	United Healthcare	Vantage Health Plan Inc	Vantage Health Plan Inc
Type of Medicare Plan	Local HMO	Local HMO	HMO	HMO-POS
Monthly Consolidated Premium	\$0	\$50	\$31	\$59
Health Plan Deductible	\$0	\$0	Contact Plan	\$500 Out-of -Network
PCP Co-Pay	\$5	\$0	\$10 or 20% 20%	\$20 or 0-20% 50%
Specialist Co-Pay	\$40	\$25	20% per visit after \$183 deductible	\$50 or 0-20% 50%
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$250	\$250	20%	\$250
Skilled Nursing	\$0 for days 1 through 20 \$160 for days 21 through 62 \$0 for days 63 through 100	\$0 for days 1 through 20 \$160 for days 21 through 62 \$0 for days 63 through 100	\$0 for days 1 through 20 \$167 for days 21 through 100	\$0 per day (days 1-20) \$167 per day (days 21-100)
Inpatient Hospital	\$295 for days 1 through 5 \$0 for days 6 through 90 \$0 for 91 and beyond	\$225 for days 1 through 8 \$0 for days 9 through 90 \$0 for days 91 and beyond	\$1316 for days 1-60 \$329 for days 61 through 90 \$658 for days 91 through 150	\$325 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay
Annual Drug Deductible	\$375	\$0	\$405	\$250
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20%	20%	20% 50%
Out-of-Pocket Maximum	\$6,700	\$4,900	\$6,700	\$5,500



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Medicare Advantage Plans	AAA1 Vantage Premium	AAA8Vantage Basic	Peoples Health Choices 65 #14	WellCare Value (HMO)
	866-704-0109	866-704-0109	866-301-8865	866-527-0056
Contract ID	H5576-018	H5576-020	H1961-014	H2491-007
Organization Name	Vantage Health Plan Inc	Vantage Health Plan	Peoples Health	WellCare Health Plans
Type of Medicare Plan	HMO-POS	HMO-POS	Local HMO	HMO
Monthly Consolidated Premium	\$169	\$0	\$0	\$0.00
Health Plan Deductible	\$500 Out-of-Network	\$500 Out of Network	\$0	\$0
PCP Co-Pay	\$15 or 0%-20% 50%	\$35 or 0%-20% 50%	\$5	\$0
Specialist Co-Pay	\$40 or 0%-20% 50%	\$50 or 0%-20% 50%	\$35	\$35
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$250	\$250	\$235	\$250
Skilled Nursing	\$0 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$165 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$275 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay	\$360 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay	\$85 per day (days 1-10) \$0 per day (days 11-90)	\$195 per day (days 1-9) \$0 per day (days 10-90) \$0 per day (days 91-150)
Annual Drug Deductible	\$0	\$380	\$0	\$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20% 50%	20% 50%	20%	20%
Out of Pocket Maximum	\$3,000	\$6,700	\$6,700	\$6,700